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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.18 (e)) required)

Approved for use through 07/31/2005, OMB 0651-0032  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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Attorney Docket Number:	
First Named Inventor	Ernest Peter Nelson
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

I hereby declare that:

Each Inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the Inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Leg Ulcer, Lymphoedema and DVT Vibratory Treatment Device

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) 08/18/2003 as United States Application Number or PCT International

Application Number   and was amended on (MM/DD/YYYY)   (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
PCT/GB02/00703	PCT	02/19/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
0103893.4	GB	02/19/2001	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
0119120.4	GB	08/01/2001	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

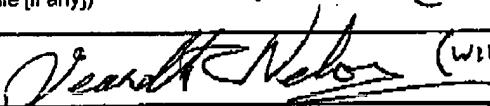
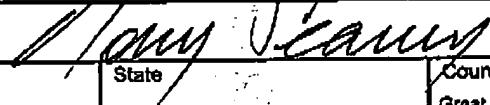
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 118 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  
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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number: <input type="text"/> OR <input checked="" type="checkbox"/> Correspondence address below			
Name KEELING HUDSON, L.L.C.			
Address 901 NORTH POST OAK ROAD			
City HOUSTON	State TX	ZIP 77024	
Country USA	Telephone 713-680-1447	Fax 713-680-8567	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR: <small>(first and middle [if any])</small>		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor <small>Family Name Or Surname NELSON Ernest Peter Nelson (DECEASED)</small>	
Inventor's Signature 		Date 21/11/03	
Residence: City WALLASEY	State	Country Great Britain	Citizenship Great Britain
Mailing Address 3 NEWTON ROAD, WALLASEY, MERSEY SIDE		ZIP CA14 5RM	
City		Country U.K.	
NAME OF SECOND INVENTOR: <small>(first and middle [if any])</small>			
Given Name Anthony John		<input type="checkbox"/> A petition has been filed for this unsigned inventor <small>Family Name Or Surname SEANEY Anthony John Seaney</small>	
Inventor's Signature 		Date 10-11-03	
Residence: City	State	Country Great Britain	Citizenship Great Britain
Mailing Address 82 Woodlands Rd REDHILL SURREY RH1 6HB			
City		ZIP	
<input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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**DECLARATION****LEGAL REPRESENTATIVES (35 U.S.C. 117)**

Supplemental Sheet

Page \_\_\_\_\_ of \_\_\_\_\_

<b>Name of Legal Representative:</b>		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))  <b>JEANETTE RAE</b>		Family Name or Surname  <b>NELSON</b>	
Legal Representative's Signature  <i>Janette Nelson</i>		Date  <b>21/11/03</b>	
Residence: City  <b>WALLASEY</b>	State	Country <b>U.K.</b>	Citizenship <b>BRITISH</b>
Mailing Address  <b>3 NEWTON ROAD, WALLASEY, MERSEYSIDE</b>			
Mailing Address			
City	State	Zip <b>CH4 5PA</b>	Country <b>U.K.</b>
<b>Name of Additional Legal Representative, if any:</b>		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
Legal Representative's Signature			
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Legal Representative, if any:</b>		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
Legal Representative's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 117 and 37 CFR 1.42, 1.43, 1.63 and 1.64(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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